

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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For State and Local Candidates For Single-Candidate Committees

WILSON COUNTY
ELECTION COMMISSION

1. DATE OF REPORT <u>4/8/2022</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Friends to Elect Mark Young</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Mark Young</u>		3. ELECTION DATE <u>2022</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>5462 Lebanon Rd Lebanon TN 37087 615-406-6212</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>5462 Lebanon Rd Lebanon TN 37087 615-406-6212</u>			
5. OFFICE SOUGHT (include district number, if applicable) <u>County Commission Dist 23</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Mark Young</u>	
7. CATEGORY OR REPORT (Check one) <input checked="" type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>1-16-2022</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>3-31-2022</u>	
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.			
<u>Mark Young</u> signature of candidate		<u>4-8-22</u> date	
<u>Mark Young</u> signature of political treasurer		<u>4-8-22</u> date	
11. WITNESS SIGNATURE <u>Sylvia Young</u> signature of witness		<u>4-8-22</u> date	
<u>Sylvia Young</u> signature of witness		<u>4-8-22</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>-0-</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>8550.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>7,311.08</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>1238.92</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>-0-</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>-0-</u>	



SUMMARY PAGE - CANDIDATE

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13. NAME OF CANDIDATE OR COMMITTEE (In Full) Friend to Elect Mark Young	14. REPORT COVERING THE PERIOD FROM: 11-23 TO: 3-31-22 <small style="color: blue;">WILSON COUNTY ELECTION COMMISSION</small>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>8550⁰⁰</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>8550⁰⁰</u>

16. LOANS RECEIVED THIS REPORTING PERIOD

17. INTEREST RECEIVED THIS REPORTING PERIOD

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

<u>Gas</u>	\$ <u>148⁰⁰</u>
<u>Wilson County Co-op/sign Post</u>	\$ <u>61³⁵</u>
<u>T-Shirts</u>	\$ <u>85⁴⁰</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee)

b. Itemized Expenditures (Over \$100 each payee this period)

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)

20. LOAN REPAYMENTS MADE THIS PERIOD

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period)

b. Itemized in-kind contributions (over \$100 from each source this period)

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each)

b. Itemized Obligations Outstanding (Over \$100 each)

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

WILSON COUNTY

1. NAME OF CANDIDATE OR COMMITTEE Friends to Elect			2. REPORT COVERING THE PERIOD FROM: 1-16-22 TO: 3-31-22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount -0-
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Nashville Fire Fighters Local 140 PAC		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		8300.00
Address 100 Arlington Ave		<input type="checkbox"/> Runoff (Local Elections Only)		
City Nashville	State TN	Zip Code 37210	Date of Contribution 2-16-2022	Aggregate This Election 8300.00
Occupation	Employer			
First Name Dewey	Middle Name C	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Branstetter		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		250.00
Address 1111 Eller Lane		<input type="checkbox"/> Runoff (Local Elections Only)		
City Nashville	State TN	Zip Code 37221	Date of Contribution 3-24-22	Aggregate This Election 250.00
Occupation Attorney	Employer Sherrad Roe Voist Harrison			
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation	Employer			
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation	Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)				8550.00



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WILSON COUNTY ELECTION COMMISSION

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends to Elect Mark Young</i>				2. REPORT COVERING THE PERIOD FROM: <i>1-16-22</i> TO: <i>3-31-22</i>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>-0-</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					Amount <i>-0-</i>	
<small>(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)</small>						

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

WILSON COUNTY

ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends to Elect Mark Young</i>			2. REPORT COVERING THE PERIOD FROM: <i>1-16-22</i> TO: <i>3-31-22</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>-0-</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Jaslin & Sons Signs</i>		<i>Signs</i>	<i>3346.06</i>	
Address <i>630 Murfreesboro Rd</i>				
City <i>Nashville</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Extra Points Sports</i>		<i>T-Shirts/Hats</i>	<i>729.00</i>	
Address <i>4982 A Lebanon Pike</i>				
City <i>Old Hickory</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Lowe's</i>		<i>Sign Frame Material</i>	<i>714.80</i>	
Address <i>634 South Cumberland</i>				
City <i>Lebanon</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>The Hat Press</i>		<i>Hats</i>	<i>273.12</i>	
Address <i>5700 Commander Dr</i>				
City <i>Arlington</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>4 All Promos</i>		<i>Mints</i>	<i>292.15</i>	
Address <i>50 West Ave</i>				
City <i>Essex</i>	State <i>CT</i>			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Wilson Farmers Cooperative</i>		<i>Sign Post</i>	<i>223.55</i>	
Address <i>107 Bobb Drive</i>				
City <i>Lebanon</i>	State <i>TN</i>			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				<i>5,578.68</i>

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

WILSON COUNTY

ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends to Elect Mark Young</i>		2. REPORT COVERING THE PERIOD FROM: <i>1-16-22</i> TO: <i>3-31-22</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>5,578.68</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Wilson County Republican Party</i>		<i>Table Sponsor</i>	<i>400⁰⁰</i>
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Home Depot</i>		<i>Sign Frame Material</i>	<i>787.65</i>
Address <i>6055 Hutman Dr</i>			
City <i>Lebanon</i>	State <i>TN</i> Zip Code <i>37090</i>		
First Name <i>Kyle</i>	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Shaffer</i>		<i>Deposit Election Night Watch Event</i>	<i>250⁰⁰</i>
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)			<i>7,016.33</i>



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ITEMIZED STATEMENT OF LOANS - CANDIDATE

WILSON COUNTY

2. REPORT COVERING THE PERIOD

FROM: 1-16-22 TO: 3-31-22

1. NAME OF CANDIDATE OR COMMITTEE

Friends to Elect Mark Young

3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)

Complete the Following for the Source of the Loan

First Name	Middle Name	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
Last Name/Organization Name		- 0 -	- 0 -	- 0 -	- 0 -
Address		Loan Received For:		Date of Loan	
City	State	Zip Code	<input type="checkbox"/> Primary Election	<input type="checkbox"/> General Election	
			<input type="checkbox"/> Runoff (Local Elections Only)		

List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	Zip Code	City
State	Zip Code	State	Zip Code
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.)	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
	- 0 -	-	-	- 0 -



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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

CLATSOP COUNTY
ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
<i>Friends to Elect Mark Joan</i>				FROM: <i>1-16-22</i>		TO: <i>3-31-22</i>	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name			-0-			-0-
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS				-0-			-0-
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							